

PHILOMATH SUMMER SESSION TUITION WAIVER (PARTIAL PAYMENT) REQUEST Summer 2019

Name of Student		2018 – 2019 Grade level
Student Email		Student phone #
Parent/Guardian 1		Parent/Guardian 1 phone #
Parent/Guardian 1 Email		
		sed to contact relating to this waiver)
Elementary School Waiver \$3	37.50 —Amount you pay is 3	7.50
• Middle School Waiver \$50 —		
High School Waiver \$75—Am	iountyoupay is \$75 perha	lf-credit
Place of employment:		
Parent/Guardian 1		Parent/Guardian 2
Check any criteria that applies:		
Qualifies for free/reduce	ced lunch program (will be v	erified)
Single parent	No parents	Foster home
Living with handicappe	d parent	
 Otherspecial circumstan 	ces(<u>please describe below</u>	<u>()</u> :
Return this form wit	h appropriate tuition fee	no later than Wednesday, June 19, 2019.
	Philomath School	District Office
Philomath School District Office 1620 Applegate Street		
	Philomath O	R 97370
N	1ake Check payable to: Ph	ilomath School District
	District Office	e Hours:
Mon – Fri		
	8 am – 4	pm